CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / МΙ OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX Houston County Elections 4 CANDIDATE / **OFFICEHOLDER** JUL 1 8 2024 **MAILING ADDRESS** RECEIVED Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ 6 CAMPAIGN MI TREASURER NAME Date Processed NICKNAME Date Imaged APT / SUITE #; CITY: 7 CAMPAIGN STREET ADDRESS ZIP CODE **TREASURER ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 9 REPORT TYPE January 15 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Year COVERED THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Primary Other Month Day Year General Special 12 OFFICE OFFICE HELD 13 OFFICE SOUGHT (if known) 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	Lagove SR.	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,000
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,420,33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	,
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Can	didate or Officeholder
	Please complete either option below	
	i lease complete ettiler option below	•
(1) Affidavit		
NOTARY STAMP/SEA	L	
Sworn to and subscribed	hefore me by this the	day of,
	which, witness my hand and seal of office.	
,,		
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	,
My name is Rand	ly c frangrove Sn., and my date of birth is	8/5/56
My address is 654	Little Bran Grapefoul, TX	7 75844
11		ate) (zip code) (country)
Executed in	County, State of Leves , on theday of	, 20 (year)
	- Jandy to	Largran
	* Signature of Candida	ite/Officeholder (Declarant)

SUBTOTALS - C/OH

Randy C. Hang Nove S1.	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,000.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2 3 3500
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 185.33
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A1

If the reques	ted information is not applicable, DO NOT in	clude this page in the r	eport.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	ely C. Hargrove		3 Filer ID (Ethics Commission Filers)
4 Date 2/24	5 Full name of contributor out-of-state PAC 6 Contributor address; City; 7 City;		7 Amount of contribution (\$)
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
2004 24	Full name of contributor out-of-state PAC Contributor address; City; Contributor address; City;	State: Zip Code	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 3/2 8/34	Full name of contributor out-of-state PAC Tathica Luca Contributor address; Livy 215.	25	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)
3/5/24	Full name of contributor out-of-state PAC Randy A Hanghov Contributor address: City; CST Little Bear Compela	-e Sa-	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	Dunty
	ATTACH ADDITIONAL COPIES O		

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (extension and listed above)

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a category n	ot listed above)
1 Total pages Schedule F1:	Kandy C. Hangrove		3 Filer ID (Ethics Co	ommission Filers)
4 Date 2/21/24	5 Payee name 4-Impour			
6 Amount (\$) \$ 185,33	Internet-On Line	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisius	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living exp	ense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Off	ice held
Date/ 2/23/24 Amount (\$)	Payee name The Messenser Payee address: 113 V. Main Grap eland	City:	/ State;	Zip Code
\$730.02		T	14	
PURPOSE OF EXPENDITURE	Adarevis Sing	News Rp	pen Ad	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expe	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Offi	ce held
3/1/24	The Masager			
Amount (\$)	Payae address: Main Crapelano	PTX-7184	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertis 145	Description Veus ta	per Adi	•
EXPENDITORE				
0	Candidate / Office holder name		n, TX, officeholder living expe	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Off	ice held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment	al Committee	Legal Services		Salaries/Wag	ges/Contract Labor	Other (enter a categ	gory not listed above)
		The Instruction	n Guide explain	ns how to cor	mplete this form.		
1 Total pages Schedule F1:	2 FILER N	dy C.	Hara	NOVE	e Sn.	3 Filer ID (Ethic	cs Commission Filers)
4 Date 3/12/24	5 Payee na	e Mes	senge	7			8
6 Amount (\$)	7 Payee ac	Ma Ma	in B	mpeli	and TX.	75844;	Zip Code
8	(a) Categor	y (See Categories lis	sted at the top of this	schedule)	(b) Description		
PURPOSE	11				/ -		\sim
OF EXPENDITURE	HdVa	415149	7		Newsta	per Ag	P
	(c)	Check if travel outside	of Texas. Complete Se	Schedule T.		stin, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OI		late / Officeholde	r name		Office sought		Office held
Date /	Payee na	ime	A				
3/15/04	Th.	e Mi	ess eng	ien			
Amount (\$)	Payee ac	dress; Mail	n GNAT	refere	el, 1.75	State;	Zip Code
	Category	(See Categories liste	ed at the top of this so	chedule)	Description		
PURPOSE	11				, 5	. C	1
OF EXPENDITURE	Adv	eatesing	7		Neask	Den A	H.
		Check if travel outside	of Texas. Complete Sc	chedule T.	Check if Aust	tin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder	r name		Office sought		Office held
Date	Payee na	ame					
Amount (\$)	Payee ad	dress;			City;	State;	Zip Code
	Category	(See Categories liste	d at the top of this so	chedule)	Description		- + 100 / 100 - 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 /
PURPOSE OF							
EXPENDITURE							
		Check if travel outside o	of Texas. Complete Sci	hedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct		ate / Officeholde	r name		Office sought		Office held
expenditure to benefit C/OH	1						
	ATT	ACH ADDITIO	NAL COPIES	OF THIS SC	CHEDULE AS NEE	EDED	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to comple	ete this form.
		•• Complete only if "Report Type" on page 1 is man	rked "Final Report" ••
1	C/OH N	JAME Sharmare	2 Filer ID (Ethics Commission Filers)
3	SIGNA	TURE	
	designa	expect any further political contributions or political expenditures in connectating a report as a final report terminates my campaign treasurer appointme gn contributions or make any campaign expenditures without a campaign treasurer.	nt. I also understand that I may not accept any
4		WHO IS NOT AN OFFICEHOLDER uplete A & B below <i>only</i> if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	
	Chec	k only one:	
		I do not have unexpended contributions or unexpended interest or income	e earned from political contributions.
		I have unexpended contributions or unexpended interest or income earne may not convert unexpended political contributions or unexpended interest personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on politing this final report. Further, I understand that I must dispose of unexperinterest or income earned on political contributions in accordance with the	est or income earned on political contributions to expended contributions and that I may not retain political contributions longer than six years after nded political contributions and unexpended
	B.	ASSETS	
	Chec	k only one:	
		I do not retain assets purchased with political contributions or interest or c	other income from political contributions.
		I do retain assets purchased with political contributions or interest or other that I may not convert assets purchased with political contributions or interpersonal use. I also understand that I must dispose of assets purchased requirements of Election Code, § 254.204.	rest or other income from political contributions to
			Signature of Candidate
5		EHOLDER plete this section only if you are an officeholder ••	
		I am aware that I remain subject to filing requirements applicable to an officeh file. I am also aware that I will be required to file reports of unexpended contan officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions	tributions if, after filing the last required report as political contributions, or assets purchased with
		/+-	Signature of Officeholder

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

						
The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics Co	mmission Filers)	2 Total pages fil	led:
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR	FIRST Randy		мі С.	OFFICE	USE ONLY
NAME					Date Received	
	NICKNAME	Hargrove		SUFFIX Sr.	Houston Co	unty Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 654 Little Be	•	city; state; exas 75844	ZIP CODE	FEB 2	6 2024
Change of Address						
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSIO	N	Date Hand-delivered	I or Date Postmarked
OFFICEHOLDER PHONE	(936)	222-1264				
6 CAMPAIGN	MS / MRS / MR	FIRST	and the same of th	MI	Receipt #	Amount \$
TREASURER NAME	Ms.	Cyndy			Date Processed	
	NICKNAME	LAST		SUFFIX	Date Imaged	
		Keys			Taile iniages	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	GUITE #; CITY;		STATE;	ZIP CODE
TREASURER	281 SPJST I	Road Crockertt, Te	exas 75835			
ADDRESS						18 May 18 18 18 18 18 18 18 18 18 18 18 18 18
(Residence or Business)						
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSIO	N		
TREASURER PHONE	(281)	221-5416				
	(201)	221-0410				
9 REPORT TYPE	January 15	30th day before o	election Runo	ff	15th day af treasurer a (Officeholde	
	July 15	8th day before ele	COUOTI :	eded Modified rting Limit		rt (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Year	r
COVERED	1	/ 16 / 24	THROUGH	2	/ 8 / 24	
	' /	/ 10 / 21		/	/	
11 ELECTION	ELECTION DA	proven	Summirani. Summarini	ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	3 / 5	/ 24 General	Special			
	3 / 3 /	E-T Francis	Become			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SC	OUGHT (if known)	
	Sheriff		Sheriff			
14 NOTICE FROM	THIS BOY IS FOR NOTIC	CE OF POLITICAL CONTRIBUTIONS	ACCEPTED OR POLITICAL E	YPENDITURES M	ADE BY POLITICAL COL	MMITTERS TO SUPPORT
POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQU	S MAY HAVE BEEN MADE W	THOUT THE CANE	DIDATE'S OR OFFICEHOL	.DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
	JOMMITTEE TITE					
Additional Pages	GENERAL	COMMITTEE ADDRESS	į	en e	•	
Additional Fages	L ODECUEIO	COMMITTEE CAMPAIGN TRE	EASURER NAME			
	SPECIFIC	- Similar File				
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			-
					· (
	-1					
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME Randy C. Hargrove Sr.		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 2,924.77
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,924.77
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2,479.18
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,479.18
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	\$ 1,058.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 0.00
1	vear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	and correct and includes all information
req	dired to be reported by the drider title 13, Election Code.	
		į.
	K. A. A.	0.4.0
	/anty / Vo	Siary
	Signature of Car	didate or Officeholder
	Please complete either option below	•
·		
(1) Affidavit		
(1,7,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1		
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by this the _	day of,
1		
20, to certify \	which, witness my hand and seal of office.	
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration		
My name is Rand	L. Hangrove Sh., and my date of birth is	08/05/1956
My address is 654	Little Beau Grapeland T	X 75844 Houston
	(4.1.1)	tate) (zip code) (country)
1/	(city) (Street) (Street) (City) (Street) (City) (Street) (Stree	do a su so 30
Executed in HOUS/	County, State of Jexas, on the do day of Jeph	War.
/	(month	(year)
	Xoney Ha	gar
	Signature of Candid	ate/Officeholder (Declarant)

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

		page	
The	Instruction Guide explains how to comp	olete this form.	1 Total pages Schedule A1:
² FILER NAME Randy C,	Hargrove Sr.		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-o	of-state PAC (ID#:)	7 Amount of contribution (\$)
01/31/2024	6 Contributor address; City Hwy 19 South Lovelady,		200.00
8 Principal occu Banker	pation / Job title (See Instructions)	9 Employer (See Instru Lovelady State Ba	
Date	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)	Amount of contribution (\$)
01/31/2024	Contributor address; City 1295 CR 1705 Grapeland		300.00
Principal occup Retired	ation / Job title (See Instructions)	Employer (See Instru Retired	ictions)
Date 01/31/2024	Full name of contributor out-o	of-state PAC (ID#:)	Amount of contribution (\$)
01/31/2024	Contributor address; City 3590 US Hwy 287N Croc		500.00
Principal occup Auto Body Re	epair	Employer (See Instru Bruner's Economy	
Date		of-state PAC (ID#:)	Amount of contribution (\$)
02/01/2024	Patrica M. Lucas Contributor address; City	; State; Zip Code	50.00
	6241 State Hwy 21 East Croc	kett, Texas 75835	
Principal occup	oation / Job title (See Instructions)	Employer (See Instru	ictions)
	ATTACH ADDITIONAL	COPIES OF THIS SCHEDULE AS	

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:		
² FILER NAME Randy C.	Hargrove Sr.		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAI Patrick W. Emmott	C (ID#:)	7 Amount of contribution (\$)		
02/07/2024	6 Contributor address; City; P.O. Box 557 Lovelady, Texas	State; Zip Code 75851	250.00		
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)		
Date		C (ID#:)	Amount of contribution (\$)		
02/12/2024	Contributor address; City;	State; Zip Code	200.00		
	P.O. Box 1066 Grapeland, Texas75844				
Principal occup Retired	ation / Job title (See Instructions)	Self	ions)		
Date		C (ID#:)	Amount of contribution (\$)		
02/20/2024	John A. McCall Contributor address; City;	State; Zip Code	1,424.77		
	420 Lake Shore Drive Grapeland, T	exas 75844	, , , , , , , , , , , , , , , , , , , ,		
Principal occup Optometrist	pation / Job title (See Instructions)	Employer (See Instruction McCall Eye clinic	tions)		
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	aation / Job title (See Instructions)	Employer (See Instruc	tions)		
·	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N			

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Randy C. Hargrove Sr.		3 Filer ID (Ethica	Commission Filers)
4 Date 01/19/2024	5 Payee name KIVY			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
225.00	102 South 5th Crockett, Texas 75835			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Radio Ad		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
01/31/2024	KIVY			
Amount (\$)	Payee address;	City;	State;	Zip Code
115.00	102 South 5th Crockett, Texas 75835			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Advertising	Radio Ad		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/06/2024	The Messenger			
Amount (\$)	Payee address;	City;	State;	Zip Code
825.00	113 North Main Grapeland, Texas 75	844		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	News Paper A	d	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District
Other (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Randy C. Hargrove Sr.		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
02/20/2024	The Messenger			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
730.00	113 North Main Grapeland, Texas 75	5844		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	News Paper A	Ad2/16/2024	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/16/2024	C and P			
Amount (\$)	Payee address;	City;	State;	Zip Code
398.85	Internet Purchase SanJose, Calif.			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Printing		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/21/2024	4-Imprint, Inc			
Amount (\$)	Payee address;	City;	State;	Zip Code
185.33	Internet Purchase / Wi.			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Printing		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name .	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH instruction Guide explains how to complete this form MS / MRS / MR 3 CANDIDATE/ MI OFFICE USE ONLY **OFFICEHOLDER** Mr Randv C NAME Date Received NICKNAME LAST SUFFIX Hargrove Sr. Houston County Elections APT / SUITE #: 4 CANDIDATE/ ADDRESS / PO BOX; CITY: STATE; ZIP CODE **OFFICEHOLDER** 654 Little Bear Grapeland, Texas 75844 FEB 0 6 2024 **MAILING ADDRESS** RECEIVED Change of Address EXTENSION 5 CANDIDATE/ AREA CODE PHONE NUMBER Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (936 222-1264 PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN MI **TREASURER** Ms Cyndy Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Keys STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN CITY: STATE: ZIP CODE TREASURER 281 SPJST Road Crockett, Texas 75835 **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 221-5416 (281 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Month Dav Year **COVERED** 24 1 1 **THROUGH** ELECTION DATE ELECTION TYPE 11 ELECTION __ Runoff Other Year Description Special 3 5 24 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT, CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS GO TO PAGE 2

CANDIDATE / OFFICEHOLDER

FORM C/OH

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

Randy	C. Hararove S	A -	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITION PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE ELE		\$ 1,800.00
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LO	RIBUTIONS ANS, OR GUARANTEES OF LOANS)	\$ 1,800.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	AL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPEN	DITURES	\$ 2,075.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LAS	\$ 1,438.02
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORTI	OF ALL OUTSTANDING LOANS AS OF NG PERIOD	THE \$
	swear, or affirm, under penalty of perjury, quired to be reported by me under Title 15,		and correct and includes all information
		Signature of Ca	ndidate or Officeholder
	Please com	plete either option below	/s s
		20	
(1) Affidavit			
,		8	
NOTARY STAMP/SEA	L.	9	
Sworn to and subscribed		this the	, day of,
20, to certify	which, witness my hand and seal of office.		
Signature of officer administe	ering oath Printed name of o	fficer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declaration	on		
My name is Randy C	Hargrove	, and my date of birth is	08/05/1956
My address is 654 Littl	e Bear	Grapeladn , Te	xas , 75844 , Houston
Executed in Houston	(street) County, State of Texas	, on the 5 day of February (month	tate) (zip code) (country) 17y , 20 24
		Signature of Candid	ate/Onicenduct (Declarant)

SUBTOTALS - C/OH

19 FILER NAME Randy C. Hargrove Sr.			20 Filer ID (Ethics Co	mmiss	ion Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE				SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTR	BUTIONS		\$	1,800.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) PO	LITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS			\$	
4.	SCHEDULE E: LOANS	a **		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES M	ADE FROM POLITICAL CO	NTRIBUTIONS	\$	951.78
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATION	NS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENT	S MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CF	REDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MA	DE FROM PERSONAL FUI	NDS	\$	1,124.14
10.	SCHEDULE H: PAYMENT MADE FROM POLITIC	CAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES	MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	9
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, F TO FILER	EFUNDS, AND CONTRIBUT	TIONS RETURNED	\$	

SCHEDULE A1

If the reques	sted information is not applicable, DO NO	T include this page in the	report.
The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
² FILER NAME Randy C.	Hargrove Sr.		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-sta Randy C Hargrove Sr.	te PAC (ID#:)	7 Amount of contribution (\$)
01/05/2024	6 Contributor address; City; 654 Little Bear Grapel	State; Zip Code and,Tx.75844	600.00
8 Principal occur Law Enforcer	pation / Job title (See Instructions) nent	9 Employer (See Instruction County	tions)
Date	Full name of contributor out-of-sta Randy C, Hargrove Sr.	te PAC (ID#:)	Amount of contribution (\$)
01/08/2024	Contributor address; City; 654 Little Bear Grapeland, T	State; Zip Code	100.00
Principal occup Law Enforcer	nation / Job title (See Instructions) nent	Employer (See Instruction County	tions)
Date 01/19/2024	Full name of contributor out-of-star Bruner's Economy Car Contributor address; City; 3590 US Hwy 287 Crockett,	State; Zip Code Texas 75835	Amount of contribution (\$) 500.00
Principal occup Automotive re	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-star Mildred or Loyd Dickey	te PAC (ID#:)	Amount of contribution (\$)
01/31/2024	Contributor address; City;	State; Zip Code	300.00
Principal occup Retired	eation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COP If contributor is out-of-state PAC, please see	IES OF THIS SCHEDULE AS N Instruction guide for additional	

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to comple	te this form.	1 Total pages Schedule A1:
² FILER NAME Randy C.	Hargrove Sr.		3 Filer ID (Ethics Commission Filers)
4 Date 01/22/2024	5 Full name of contributor out-of-s Broxon	tate PAC (ID#:)	7 Amount of contribution (\$)
01/22/2024	6 Contributor address; City; P.O. Box 131 Lovelady, Te	State; Zip Code	250.00
8 Principal occu Bank V P	pation / Job title (See Instructions)	9 Employer (See Instruction Lovelady State Bank)	
Date	Full name of contributor out-of-s P atrica M, Lucas	tate PAC (ID#:)	Amount of contribution (\$)
02/01/2024	Contributor address; City; 6241 Hwy 21 East Crocket	State; Zip Code t, Texas 75835	50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction Self Employed	tions)
Date	Full name of contributor out-of-s	tate PAC (ID#:)	Amount of contribution (\$)
a de la companya de l	Contributor address; City;	State; Zip Code	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-s	tate PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS Ne Instruction guide for additional	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

				P		-
	EXPENDITURE CA	ATEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of District Other (enter a categ	oment & Related Expense	6
1 Total pages Schedule F1	2 FILER NAME Randy C. Hargrove Sr.			3 Filer ID (Ethic	s Commission Filers)	
4 Date 01/05/2024	5 Payee name KIVY			To an		-
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code	
80.00	102 South 5th Crockett, 7	exas 7583	35			
8	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense		Radio Ad			
	(c) Check if travel outside of Texas. Com	plete Schedule T.	Check if Austin	, TX, officeholder living	g expense	-
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought		Office held	
Date	Payee name					
01/08/2024	The Messenger	£.				
Amount (\$)	Payee address;		City;	State;	Zip Code	
525.00	119 North Main Street Gra	apeland, To	exas 75844			
	Category (See Categories listed at the top of	of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	2 , 42	News paper a	d		
	Check if travel outside of Texas. Com	plete Schedule T.	Check if Austin	, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought		Office held	-
Date	Payee name					
01/10/2024	Pac & Ship	4 1				
Amount (\$)	Payee address;		City;	State;	Zip Code	
121.78	910 South Fourth Street Ci	ockett, Te	xas 75835			
	Category (See Categories listed at the top of	of this schedule)	Description			
PURPOSE OF EXPENDITURE	Printing Expense		Campaign Flye	rs		
100	Check if travel outside of Texas. Com	plete Schedule T.	Check if Austin	, TX, officeholder living	g expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held	-

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

orodicara raymoni	The Instruction Guide exp	lains how to d	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Randy C. Hargrove Sr.			3 Filer ID (Ethic	s Commission Filers)
4 Date 01/23/2024	5 Payee name KIVY				
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
225.00	102 South 5th Street Crocke	ett, Texas	75835		
8	(a) Category (See Categories listed at the top of	f this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense		Radio Ad		
,	(C) Check if travel outside of Texas. Comple	ete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
01/31/2024	а				
Amount (\$)	Payee address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of t	this schedule)	Description		
	Check if travel outside of Texas. Comple	ete Schedule T.	Check if Austi	in, TX, officeholder living	j expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				-
Amount (\$)	Payee address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of t	his schedule)	Description		
,	Check if travel outside of Texas. Comple	ete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought		Office held
	ATTACH ADDITIONAL COPI	ES OF THIS	SCHEDULE AS NEE	EDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains i	now to complete this form.	Other (criter a category not listed above)			
1 Total pages Schedule G:	2 FILER NAME Randy C. Hargrove Sr.		3 Filer ID (Ethics Commission Filers)			
4 Date 01/05/2024	5 Payee name The Texas GOP Strore					
6 Amount (\$) 624.14 Reimbursement from political contributions intended	7 Payee address; 404 I- 45 South Huntsville, Tex	City; cas, 77304	State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Printing Expense	(b) Description Campaign Sig	ıns			
	(c) Check if travel outside of Texas. Complete Schedu	ule T. Check if Austin	n, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date 01/26/2024	Payee name The Messenger					
Amount (\$) 500.00 Reimbursement from political contributions intended	Payee address; 119 North Main Street Grapela	City; nd, Texas 75844	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	News paper a	d			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$) Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	dule) Description				
		JeT Check if Austin	n, TX, officeholder living expense			
	Check if travel outside of Texas. Complete Schedu	ile i. Check ii Austii	n, 17, dinocholder living expense			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction	Guide explains how to co	mplete this form.	1 Filer ID (Ethics Commission File	zs) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY
IVAIVIL	NICKNAME	LAST	Suffix	Date Received
4 CANDIDATE /	Pr	rgrove	2/4	Houston County Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	He Bear	N TYSUL	JAN 15 2024
Change of Address	Grape	land,/x	15844	REGEIVED
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PH	100E NUMBER 1-7972	EXTENSION EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Cyndy	FIRST	МІ	Receipt # Amount \$
	NICKNAME	LAST	SUFFIX	Date Imaged
	/ -	7		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO			Keth, Tx. 75833
8 CAMPAIGN	AREA CODE PH	ONE NUMBER	EXTENSION	
TREASURER PHONE	(181) 22			
9 REPORT TYPE	January 15	30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	tion Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month E	Day Year	Month	Day Year
	9/29	1/2023	THROUGH /	15/2024
11 ELECTION	ELECTION DATE		ELECTION TYPE	PE
	Month Day Y	ear	Runoff Other Description	
	3/5/20	34 General	Special	
12 OFFICE	OFFICE HELD (if any)	• 1	13 OFFICE SOUGHT (if kno	wn)
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICERULUE	R. THESE EXPENDITURES I	MAY HAVE REEN MARE WITHRIT THE CA	MADE BY POLITICAL COMMITTEES TO SUPPORT NOIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	I	AITTEE NAME		THE RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	MITTEE ADDRESS		
Additional Fages	SPECIFIC COMM	MITTEE CAMPAIGN TREAS	SURER NAME	
	COMM	AITTEE CAMPAICH TOTA	ACHDED ADDDESS	
	COMIN	MITTEE CAMPAIGN TREA	ASUREK ADDRESS	
		GO TO P	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	d	Hargrove Sn.	16 Filer	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THA PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	N	\$ 2,9000
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS))	\$ 2,900 00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$2,900° \$2,900° \$5785° 62
	4.	TOTAL POLITICAL EXPENDITURES		\$528562
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA	ST DAY	\$ 589.52
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS CLAST DAY OF THE REPORTING PERIOD	F THE	\$ - 0 -
18 SIGNATURE I su req	wear, or a	firm, under penalty of perjury, that the accompanying report is true reported by me under Title 15, Election Code.	e and cor	rect and includes all information
			. ,	
		Janoy Pr	arg	ran
		Signature of Ca	andidate d	or Officeholder
		Diagos complete cither enties heles		
		Please complete either option below	V:	
(1) Affidavit				
NOTARY STAMP/SEAL				
NOTARY STAWF/SEAL				
Sworn to and subscribed	before me	by this the		day of,
20, to certify v	vhich, witn	ess my hand and seal of office.		
Signature of officer administer	ing oath	Printed name of officer administering oath	TTC TO THE PERSON AND ADMINISTRATION OF THE PERSON AND ADMINISTRATION OF THE PERSON ADDRESS OF THE PERSON ADDR	Title of officer administering oath
		OR		
(2) Unsworn Declaratio	n			
(2) Olisworii Deciaratio	0			,
My name is Kaud	VC	Hangrove St., and my date of birth is	8/	5/56
My address is 654	4.44	Book Garage	-	week!
my dudioss is my		(street) (city)	state) (zin codo) (countra)
Executed in Herrs	has	(city) (city) (county, State of 7000 , on the 15 day of 5000 day	olale) (zip code) (country)
LAGUILEU III		country, state of	U)	_, 20 (year)
		Kandy	lang	ione
		Signature of Candid	date/Office	holder (Declarant)

SUBTOTALS - C/OH

19	FILER NAME	mmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,900 9
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$2,10870	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$201.78
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	INDS	\$2975 14
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME. Rand	VC. Hangrove Sn.	3 Filer ID (Ethics Commission Filers)
4 Date 12/6/23	5 Full name of contributor	7 Amount of contribution (\$)
8 Principal occur Refine	pation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date /2/4/23	Full name of contributor out-of-state PAC (ID#:) Rency LHangrove Sn. Contributor address; City; State; Zip Code 54 Liff Bean Grapeland 77. 15844	Amount of contribution (\$)
	ation / Job title (See Instructions) Employer (See Instructions) Hauston Cov	tions) uky Texas
1/8/24	Full name of contributor out-of-state PAC (ID#:) Rancly Advang Adve SA. Contributor address: City; State; Zip Code 654 Little Bear Grapeland 7x. 75844	Amount of contribution (\$)
	ation Job title (See Instructions) Employer (See Instructions) Houston Country Employer (See Instructions)	tions)
13/34	Full name of contributor out-of-state PAC (ID#:) Gary Taylor Contributor address; City; State; Zip Code, P.O. Bax 660 Grapewod Tx. 75844	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions) Employer (See Instructions) Self Employer	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how	v to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	ndy C. Hang		3 Filer ID (Ethics Commission Filers)	
1/5/a4	5 Full name of contributor Rawly C. #4 6 Contributor address; 654 Liftle Bran	□ === = = = = = = = = = = = = = = = = =	State; Zip Code	7 Amount of contribution (\$)
	pation / Job title (See Instructions)) .	9 Employer (See Instruction A	etions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	itions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
		City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PA(C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
	ATTACH ADDIT	TONAL COPIES (OF THIS SCHEDULE AS N	FEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

		EXPENDITU	JRE CATEG	ORIE	SF	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Exper Gift/Awards/Memorial Legal Services	s Expense	Office C Polling Printing Salaries	Expe Expe g Exp s/Wa		Travel In District Travel Out Of Distri	oment & Related Expense
			Juide explain				9 mil - 10 /F4bi-	- Commission Filoso)
1 Total pages Schedule F1:	Randy	C. Horg	rove S	4 -			3 Filer ID (Ethic	s Commission Filers)
12/6/23	5 Payee ha	C. Hange S GOP	Stor	~				
6 Amount (\$) \$1,237.30	7 Payee ad 40 4 2	dress;	th A	Jeen	15	ville, TX.	State; 77340	Zip Code
8 PURPOSE	-	(See Categories listed		schedule)		(b) Description Campagin	Sigue	
OF EXPENDITURE		5 ,						
EXPENDITORE	(c)	Check if travel outside of 7	exas. Complete So	chedule T.		Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	_	ate / Officeholder r	ame		apuuruuranna	Office sought		Office held
Date . /	Payee na	me						
12/19/23		s GDP	Stone					
Amount (\$)	Payee ad	dress;	a gradu van verkele de kreije de entre een een een een een een een een een e		terre en	City;	State;	Zip Code
\$346 40	4047	245 Sout	h Ho	mt	x	rille, TX.	17340	
	Category	(See Categories listed	at the top of this s	chedule)		Description	•	
PURPOSE OF EXPENDITURE	Printe	ing Expou	54			Campassu	Signs	
		Check if travel outside of	exas. Complete So	chedule T		Check if Austi	in, TX, officeholder livir	g expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder r	ame			Office sought		Office held
	Payee na		ndere generale generale en					
1/4/a4		. Messe	ngen					
Amount (\$)	Payee ad	ldress;			C	City;	State; 7 <i>X</i> . 7 <i>5</i>	Zip Code
	Category	(See Categories listed	at the top of this s	chedule)		Description		
PURPOSE OF EXPENDITURE	Adver	tising Ex	pense			News Paper	r Ald	
		Check if travel outside of	exas. Complete So	chedule T		Check if Aust	in, TX, officeholder livir	g expense
Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder	name			Office sought		Office held
	AT	TACH ADDITION	AL COPIES	OF TH	IIS S	SCHEDULE AS NEI	EDED	
Forms provided by Toyon Eth	ion Commissi		Manay Othic	e etate	tym			Revised 11/15/202

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Politica	
1 Total pages Schedule F4:	2 FILER NAME Randy & Hangrove Sn. 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date 1/5/24	RIVY Radio
7 Amount (\$) \$80 \(\varphi\)	8 Payee address; City; State; Zip Code 102 3.5th Cruckett, TX. 75835
9 TYPE OF EXPENDITURE	Political Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advent/Sins Expensy Radio Addio
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
1/10/24	Payee name Luck & Ship
Amount (\$) \$121.78	Payee address; City; State; Zip Code Cn4eH, 7x. 75835
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Express Flyens Add
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

	EXPENDITURE (CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	tical Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor explains how to complete this form. Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:		3 Filer ID (Ethics Commission Filers)
192/23	5 Payee name Chris	tic 4
Reimbursement from political contributions intended	7 Payee address; //56 &R 2/35 6	nockett, Tr. City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule) (b) Description Sungu
	(c) Check if travel outside of Texas. Com	nplete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
10/4/23	The Wessenge	
Amount (\$) 500 Reimbursement from political contributions intended	Payee address; 113 N. Main	Enopeland, TX. 75844 Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top Adventisivs Expanse	of this schedule) Description News Paper Add
	Check if travel outside of Texas. Com	plete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Pate/27/23	Payee name 1 U = Messen	Seu
Amount (\$) Reimbursement from political contributions intended	Payee address; //3 N.Maru	Gropeland, TX. 75844
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of Advantising Expens	e News Papon Add
	Check if travel outside of Texas. Comp	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule G:	Randy C. Hanghove Sn. 3 Filer ID (Ethics Commission Filers)			
1/3/24	Texas GBP Store			
Amount (\$) Reimbursement from political contributions intended	7 Payee address; Zip Code 404 I45 South Huntsville, Tx. 7, 340			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Principle Expense Campager Signs (b) Description Campager Signs (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held			
Date/ 11/30/23	Republican Panty of Hausten County			
Amount (\$) 750 Reimbursement from political contributions intended	Payee name Republican Panty of Hausten County Payee address; Payee Address; City; State; Zip Code 4/2 E. Houston Cwckeft, TX. 75835			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other Description Filing Fee			
Complete <u>ONLY</u> if direct expenditure to benefit C/6	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held			
Date 12/4/23	The Messenger			
Amount (\$) \$500 = Reimbursement from political contributions intended	Payee address; Zip Code 113. N. Main Grapeland, TX. 75844			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

Se	e CTA Instruction Guide for detailed instructions.	1 Total pages filed:
2 CANDIDATE	MS / MRS / MR FIRST MI	OFFICE USE ONLY
NAME	Mr. Randy C.	Filer ID #
	NICKNAME LAST SUFFIX Hargrove St.	Date Received Houston County Elections
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX: APT / SUME#; CITY; STATE; ZIP CODE 654 Little Bear Grapeland, TX. 75844	SEP 1 2 2023 Date Hand-delivered or Postmarked
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 222-1264	Receipt# Amount\$ Date Processed
5 OFFICE HELD (if any)	Sheriff	Date Imaged
6 OFFICE SOUGHT (if known)	Sheriff	
7 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME M.S. CVUOLV	kev 5
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; APT/SUITE # CITY: 281 5 PJ 5 T hodge Rd C	STATE: ZIP CODE
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 545-1197	
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te	
	I am aware of the restrictions in title 15 of the Election of from corporations and labor organizations. Signature of Candidate	Code on contributions 9/5/3023 Date Signed
	GO TO PAGE 2	